



Virtual Private Network Request Form

State Form 51924 (R/O 8/04)

Indiana Office of Technology
100 North Senate Avenue, Room N551
Indianapolis, IN 46204
Telephone: (317) 232-3171
Fax number: (317) 232-0748

Agency Name: _____

Request Date: _____

Required Date: _____

Security Coordinator Name (Printed): _____

Phone Number: _____

Security Coordinator Signature: _____

Request Type: New: _____

Revoke: _____

Reissue: _____

If Owner is to be restricted to certain IP addresses, they are to be noted here:

1: _____

2: _____

VPN Certificate Owner Information:

Name (Printed): _____ Phone Number: _____

Name (Signature): _____ AU Billing Code: _____

VPN Usage - De Minimis Guidelines:

During my use of the State of Indiana Virtual Private Network (VPN), I will adhere to the following guidelines:

1. I will protect my VPN account and **will not share** my account or password with anyone
2. The use must not interfere with the performance of public duties.
3. The use must be infrequent, of short duration and, unless not reasonably practical, made on the employee's personal time.
4. The use must not be for the purpose of conducting business related to an outside commercial activity.
5. A state officer or employee may not make private use of any state property which has been removed from state facilities or other official duty stations, even if there is no cost to the state.
6. This policy does not replace or lessen other restrictions, including rules that prohibit political activity in the work place.

I understand that violating these *de minimis* guidelines as stated above will mean immediate removal of my access to VPN. During my subscription, I understand that I may be subject to security audits by DoIT security personnel.

Please send this form to: VPN Coordinator, N551, IGCN or fax 232-0748